

Title: Comments from Ambassador Eric Goosby on World AIDS Day 2009

Date: November 27, 2009

On the importance of World AIDS Day:

Well, it's important to us to speak to the world about the investment Americans have made in responding to the AIDS epidemic on a global level. We see that day as an opportunity to reflect back our successes and to remind people that the burden of disease is about one-third addressed and we're still about two-thirds behind. So World AIDS Day is an opportunity to recommit to engaging in keeping AIDS and our response to it as a priority for the American taxpayer. The other, I think, critical role that World AIDS Day plays is an opportunity to reflect on the lives lost, the potentials unrealized, the extraordinary burden that that has had on families and communities and countries.

On PEPFAR's achievements:

Really, now, that number has gone up to 2 ½ million, for just PEPFAR. If you add Global Fund, we're about 4.2, 4.4 million with both of us together. So we have continued to increase the number of patients who have benefited from these anti-retroviral therapies. The gratification from that is big. These are real lives saved. In countries, you talked about Ethiopia where the fertility rate is four babies per woman. If you have that woman dying and her partner dying, you eliminate putting four orphans on the street. So the impact is huge.

On the Obama Administration's commitment:

Secretary Clinton and President Obama are fully committed to acknowledging and responding to what they have characterized as a global responsibility we have, and PEPFAR has allowed and created that opportunity — so has the Global Fund — but their commitment to it is clean and clear and a priority for this administration to continue.

On his own emotional commitment:

I have a strong emotional commitment to it. As a resident in training at UC-San Francisco in the late '70s, early '80s - I saw my first HIV infected patient in '79 – the disease wasn't described until '81. Our ability to diagnose it didn't occur until 1984 in terms of an antibody test. Up until 1984, we were looking at people come in with what we perceived as a viral infection that would consume them and they'd get an opportunistic infection, and 100 percent of them would die. These were young people, were well educated for a number of reasons in the Bay area, and it was a very difficult time. I had hundreds of patients. I had over 600 patients who were my patients, who died from the infection in that 1981 to 1989 period. We started the first AIDS outpatient clinic and the first inpatient ward in San Francisco. New York and Los Angeles did the

same thing. But my energy to get up and do it again every day is directly related to those 600 patients that I had lost. Having to talk to their parents and their partners about why so-and-so is dying. So this was a very disorienting moment professionally for all of us.

On the hope of PEPFAR's activities:

You know, I've been to these countries many times. I've done work in all these countries for many years. Now, to see the clinic up and running, the beds having nobody in them now, a non HIV-related admission was very gratifying to see, just in the Ethiopian trip. In the other countries, the same type of transformation has occurred. The sense of hope that's in both the community — you can feel it in the health care worker community where providers are not burnt out, kind of post-traumatic stressed from having seen 100 percent of their patients die. And I think that it has created hope in them, it's decreased stigmatization within the health care community, and it has created a drive to get tested, because now there's a reason to know your HIV status.

On PEPFAR's expansion activities:

PEPFAR is now in 31 countries. It started with originally 15 — the so-called focus countries. They were the most heavily-hit countries on the planet, and that's where PEPFAR began. The decision to move into other countries has been based on need and ability to respond. Looking at countries that are earlier in their epidemic's evolution. Those are countries that are some of the other African countries, Southeast Asian countries, Eastern European countries. So much of PEPFAR's attention in the country expansion has been looking to try to prevent the saturation of high-risk behaving populations.

On the biggest challenge for PEPFAR:

The biggest challenge to us is to try to ensure that these services are available for 25-30 years in the future. Being rigorous in engaging in every strategy to continue the service that we have created with the initial response from PEPFAR and make it a permanent response.

On PEPFAR's driving force and effectiveness:

It has been effective. It's been the largest response mounted by any country, all countries added up, really, against one disease in the history of mankind. It's bigger than the Marshall Plan after World War II. It has impacted more lives and taken them away from certain death than any other program has. And I think for Secretary Clinton, for President Obama, it reflects the best of the American people's desire to contribute, to assume responsibility — a collective responsibility that we do indeed share a responsibility to respond to such a profound, unmet need, such a disproportionately impacting, unmet need. Seeing development, health within

development being a central pillar of the diplomatic strategy is very much where both of them would like to go. That, I think, is very much part of the thinking for Secretary Clinton. Creating a capability that will last long after the program stops is the central goal. And to give our support to those types of efforts preferentially over a development effort that kind of does it for the person. PEPFAR and the emergency response is in a transition on many levels to develop technical assistance strategies that enable, empower, and expand the capability of the partner country in a way that doing it for them doesn't.